

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM 0-876)

APPLICANT(S)

09/ 496 824

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	INO.	DEF.	INO.	DEF.	INO.	DEF.
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TOTAL	4					
TOTAL	43					
TOTAL	47					

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Best Available Copy